

5/25/5

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

09/485005

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		3				
7		1				
8		1				
9		4				
10		4				
11		4				
12		4				
13		4				
14		1				
15		1				
16		1				
17		1				
18		4				
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27		1				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		56				
TOTAL CLAIMS		57				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						